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ABSTRACT

The Group Services for Child Protective Clients Project was established to train child protective services staff members to provide effective group services. The project had four components: (1) group services training; (2) support groups for staff; (3) group services to clients; and (4) planning to continue the project after federal funding ceased. Part I of this final report describes methods used to establish group services in Region 9 of the Texas Department of Human Resources. Part II describes the success of the project in achieving its objectives. Six instruments were used to gather data on the project's impact on staff proficiency and attitudes and on clients' behavior. Results showed the project was moderately successful. All new group services staff trainees met the criteria for knowledge, but only 56 percent met the group leadership criterion. Eight client groups were run concurrently during the period of evaluation. These groups provided services for battered wives, abusive mothers, physically abused adolescents, foster parents, sexual abuse perpetrators, and colluders in sexual abuse. Although caseworkers and group leaders agreed that clients benefited from the group experience, project clients did not differ significantly from a statewide sample in terms of changes in behavior. Other evidence indicated that plans have been made to continue project activities after the end of federal funding. Appendices consist of the evaluation instruments. (CB)

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Final Report: Innovations in Protective Services

P.L. 93-247 Grant Award #06C23/08

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Group Services for Child Protective Clients

PS 014738

September 30, 1984

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Office of Programs
Texas Department of Human Resources

GROUP SERVICES FOR CHILD PROTECTIVE CLIENTS

Final Report

September 1, 1982, through August 31, 1984

September 30, 1984

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CONTENTS

Acknowledgments v
Introduction vii
Executive Summary ix

PART I--PROCESS DESCRIPTION

Overview I-1
First Project Year I-2
  Objectives I-2
  Accomplishments I-2
Second Project Year I-3
  Objectives I-3
  Accomplishments I-4

PART II--IMPACT EVALUATION

Background II-1
Purposes of the Evaluation II-1
Evaluation Questions II-2
Methodology II-2
Results/Status of Objectives II-6
Limitations II-11

Appendix

A. Instruments

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Special appreciation goes to people in headquarters in Austin who supported the project. Diane Scott served as liaison with the Protective Services for Families and Children Program. From the Office of Research, Demonstration, and Evaluation (ORDE)--headed by Assistant Commissioner Suzette Ashworth, Ph.D.--efforts were contributed by several members of ORDE's Research and Demonstration Division, which is adminstered by Kent Gummerman, Ph.D. Brenda Hardesty and Jacqueline Butler wrote the grant applications. Clare-Marie Karat evaluated the project. Lucretia Dennis-Small provided technical assistance, monitored progress, and prepared federal reports. Nicholas Constant and Phyllis Jamar edited and produced the reports.

GENERAL INTRODUCTION

Six projects, funded by P.L. 93-247 state grant money and jointly entitled Innovations in Protective Services, tested ideas for improving protective services for children. Overall goals established for the six projects were to--

- o strengthen permanent planning,
- o maximize the use of volunteers,
- o strengthen intake and investigation,
- o strengthen in-home service delivery, and
- o expand the usefulness of information systems.

Additional goals and objectives were developed for each project.

The six projects are Project to Study Fair-Hearings Practices in Child Protective Services; Impact of Protective Services; Coordinated Approach to Investigations and Information-Sharing; Group Services for Child Protective Clients; Foster Child Advocate Services; and Multidisciplinary Institute for Child Sexual Abuse Intervention and Treatment Project.

Copies can be obtained by writing to--

Project Support and Utilization Section
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EXECUTIVE SUMMARY

The Group Services for Child Protective Clients Project was established to train child protective services (CPS) staff members to provide group services to CPS clients proficiently. The project had four components: (1) group service training, (2) support groups for staff, (3) group services to clients, and (4) ensuring continuation of the project after federal funds were discontinued.

Part I of the final report describes the methods used to establish group services in Region 90 of the Texas Department of Human Resources (DHR). Part II measures success of the project in achieving its objectives. The results show that the project was moderately successful. Some key results are--

- All new group services trainees met the criteria for knowledge; however, only 56 percent met the group leadership criterion.
- Eight client groups were run concurrently during the past year, and staff reported that the project had a positive effect on clients.
- Project clients did not differ significantly from a statewide sample in terms of outcomes.
- Caseworkers and group leaders agreed that clients benefited from the group experience.
- Plans have been made to continue project activities after the end of federal funding.

PART I:

Process Description

OVERVIEW

Group work has proven an effective method for delivering child protective services (CPS), as evidenced by the success of groups such as Parents Anonymous, groups for sexually abused teenagers, and parenting education groups. Unfortunately, in most Texas communities, group services are virtually nonexistent or not geared to the special needs of CPS clients at the Texas Department of Human Resources (DHR). The majority of DHR workers lack the training, skills, and necessary time to develop and lead groups and cannot provide support services such as child care and transportation. Also, community resources are not accustomed to providing outreach and transportation to help CPS clients attend groups, and potential volunteer resources are not channeled towards providing this type of assistance. Therefore, the lack of group services for CPS clients limits the effectiveness of the Department's intervention efforts.

In San Antonio (Bexar County), funding reductions decreased the access of CPS clients to the limited group services that were available. Reduced funding and increased case loads required workers and administrators to develop alternative approaches to serve clients. Although group services offered a possible alternative, workers were not likely to be able to use the group technique effectively without specific training, supervision, and practical assistance.

The Group Services for Child Protective Clients Projects proposed to address the lack of specific training to run groups by designing and implementing a training program for protective services staff members and community volunteers in DHR's Region 9.

The project operated through the office of Region 9's regional director (RD) for Services to Families and Children. The project manager and his assistant reported directly to the RD.

Initially, a steering committee composed of the regional planner, eight supervisors, and caseworkers from both San Antonio and rural counties provided input and made recommendations related to project planning and activities. Support of the project from DHR's central office in Austin included a project compliance coordinator and a project evaluator.

Early in the project, the project manager realized that the project's purposes and objectives needed to be more clearly communicated to all CPS staff members. To solve the communication problems, the project steering committee was expanded to include all CPS supervisors and program directors. Staff support groups also were initiated, and supervisors established their own support group.

Procedures were created to ensure continued training of staff, and supervised group services to clients have become an ongoing part of Region 9's CPS program.

FIRST PROJECT YEAR

OBJECTIVES

The project established three objectives during its first year.

- Objective 1—to design and implement a training program to enable Region 9 protective services staff to provide group services to child protective clients in a proficient manner;

- Objective 2--to provide supervised group services to selected rural and urban child protective clients in Region 9, with project-trained workers serving as group leaders and community volunteers providing practical assistance; and

- Objective 3--to create a structure within the Region 9 protective services program to ensure continued training of staff and provision of supervised group services to child protective clients.

ACCOMPLISHMENTS

During the project's first year, the staff designed and implemented a training program that enabled Region 9 to provide group services for CPS clients who were previously denied access to this method of treatment. Specific training curricula were developed and implemented in formal training sessions. Facilitators were trained in group theory, practical use of group dynamics, and techniques for maximizing participation.

Supervised group services were provided to selected rural and urban CPS in Region 9. Clients had varied reactions to the idea of group services. Initially, they were unsure of the groups' intent, and they were not willing to risk themselves in the presence of strangers.

Other issues addressed by group leaders included client selection, balanced composition of groups, and details of establishing them.

The project staff gave weekly supervision to teams of two facilitators, and teams were assessed at intervals of four sessions. Group leaders were assessed on skill levels, strengths, and knowledge gaps. These leaders were helped with specific knowledge gaps to increase their effectiveness in groups. Staff members who facilitated groups during the first year were encouraged to facilitate groups during the second year of the project. Additional training of group leaders during the first year was designed to improve the following skills:

- o selecting members who would be compatible within a group,
- o preparing new group members,
- o elicting participation by all group members,
- o building a sense of cohesiveness within a group,
- o dealing constructively with aggression and confrontation,
- o giving group members an opportunity to resolve conflicts and solve problems, and
- o preparing the process for terminating a group.

The absence of effective communication caused some strained relationships between staff members participating in the project and those not directly involved. Those not involved felt group leaders might be receiving some "special privileges." By contrast, those leading groups felt they were receiving no consideration for additional responsibilities they had undertaken. Subsequent discussions and meetings between these two groups informed each of the other's position, and relationships became less strained. Expanding membership in the steering committee also helped improve understanding of the group services project.

SECOND PROJECT YEAR

OBJECTIVES

Four objectives were established for the second year of the project:

- Objective 1--to refine and expand the group services training program,

- Objective 2--to provide support groups for staff,

- Objective 3--to provide ongoing group services to child protective clients, and

- Objective 4--to create a structure within Region 9 that will ensure the continuation of project efforts.

ACCOMPLISHMENTS

Group Skills

In its second year, the group services project continued to strengthen group facilitators' skills. Continued training and support maintained and increased the amount and quality of group services available to CPS clients.

Training for group facilitators was provided by the project staff in supervisory groups, which addressed leadership skills, dimensions of group functioning, and development of group-specific knowledge.

In November of 1983, formal training was conducted in group dynamics theory and practice. This training was divided into three sessions. The first session addressed the development of basic skills in the provision of group services and was made available to staff members who had not previously participated in the project. The second session addressed advanced group skills and was made available to staff members who participated in the project during the first year; the primary focus was on techniques that enhanced successful client groups. The third session addressed issues specific to supervision of groups and was made available to staff members who indicated an interest in group supervision training. This training furnished staff members with skills needed to supervise ongoing client groups and to develop ways to continue client groups when the project is completed.

Also, the project staff developed a survey to gather attitudinal data from regional personnel regarding the overall impact of the group services project on the region's protective services programs. The results of this survey can be found in Part II of this report.

As the project year progressed, project staff members concentrated on the development of group leadership skills for personnel who will supervise groups when the grant period is over.

The RD for Services to Families and Children and the expanded project steering committee met to discuss future training programs.

After a series of meetings, the group services training program was expanded to include CPS supervisors. Also, a decision was made to include topic-specific workshops in the future. The project staff, focusing primarily on continuing supervision of group leaders, monitored the progress and effectiveness of group facilitator teams and individuals.

Modeling of co-leadership interaction skills by project staff was incorporated into the training program, and group training for facilitators was used to expand the group services training program.

Support Groups

Initially six groups were started for child protective services caseworkers, and one group was established for supervisors. Later, support groups for clerical personnel and case aides were also started. The staff support groups initially contracted for a six-month period. When the first contracts were fulfilled, the groups had the option of renegotiating for additional sessions. Each participant in a support group had to have the approval of his or her immediate supervisor to stay in the group for any additional period of time. Most groups chose to seek approval to extend contracts. During the renegotiation, group participants asked their program directors and supervisors questions about group methods, sought explanations about the functions of the support group, and gave their views about what the group should focus on. In most cases, permission was granted to participants for continued attendance at support groups. Supervisors and caseworkers felt the value of the groups was the opportunity they provided for peer support and the presence of a forum to discuss common concerns.

A unit of caseworkers providing services to handicapped clients requested that a support group be established to meet their special needs. Although the unit was not directly attached to the child protective services programs, it did serve CPS clients. The RD for Services to Families and Children felt the request was appropriate and asked the project staff to start a support group for this unit. This group met from March through August 1984.

During the project year, eight staff support groups were in session. These support groups included two clerical groups, five CPS groups, and one group for staff members serving the handicapped.

Ongoing Group Services

The project staff helped regional personnel established seven client groups in Region 9. Each group specialized in one of the following categories: battered wives, abusive mothers, physically abused adolescents, foster parents, sexual abuse perpetrators, and colluders in sexual abuse. Cofacilitators for each of the client groups received weekly supervision from project staff members.

The Office of Research, Demonstration, and Evaluation (ORDE) in Austin assisted the project staff in developing a self-assessment scale for group leaders. The self-assessment was administered in pretests and posttests to group leaders. The tests were intended to assess any self-perceived changes in style, comfort, or overall skills as group leaders. A group form was developed by the project staff to provide feedback about group participants to appropriate case managers.

To ensure the continuation of group services in Region 9, the regional director approved a plan to assign responsibility for conducting client groups to one caseworker in each CPS unit that handles cases with children living in their own homes. The designated group leader and a cofacilitator will conduct all client groups for the particular unit. The designated group leader will conduct two client groups; in consideration for the extra responsibilities involved in facilitating client groups, the case load of the group leader will be reduced by percent. Cofacilitators will receive a 10 percent case load reduction.

Supervisors will have the option of being trained as group leaders. This training will enable them to supervise the group leaders in their units.

After September 1, Michelle Huels, former assistant to the project manager, will continue the project's training function in the CPS program. She will supervise group leaders, observe client groups, run staff support groups, and train supervisors to become group leaders. Rick Reposa, former project manager, has been hired to implement similar group services training in another DHR program area--Services to the Aged and Disabled.

Training Manual

The project staff wrote the first draft of a manual for training in group services techniques. When the manual's contents are revised and approved by the CPS program, the manual will be forwarded to DHR's Media Services Division for editing and production. Copies should be available by January 1985 and can be obtained from ORDE's Support and Utilization Section. The manual covers the following topics:

- Part I--groups as systems, group phenomena, stages of group development, certain factors of group treatment, tasks of leadership, common problems, issues of coleadership.

- Part II--special groups: physical abuse groups, group intervention in sexual abuse, groups with neglectful mothers, groups with adolescents, and practical considerations.

In addition, the project staff developed three project training modules--beginner, advanced, and group supervisory skills for use by regional staff in for future training.

Presentations and Workshops

The project manager presented a paper on the project at the International Congress on Group Psychotherapy, which met in Mexico City in April 1984. He also conducted two workshops for the annual "Children Who Wait" conference held in Austin, Texas, in March 1984, where he discussed the implications of the group process model for trainers of foster parents and other interested CPS staff members.

At meetings in Dallas, the project manager described the project's achievements to the Group Psychotherapy Foundation and to the board of directors of the American Psychotherapy Association.

PART II:

Impact Evaluation

BACKGROUND

Due to resource constraints, it has become increasingly important that social services be as effective as possible in addressing client needs. Group work is an attractive service alternative for some kinds of clients of the Texas Department of Human Resources (DHR). For clients of the Protective Services for Families and Children (PSFC) Program, peer support groups may be more appropriate than individual services since these clients are often isolated and lack adequate socialization. Group services can also be less costly than individual services because a caseworker can work with a number of clients simultaneously.

In order to work effectively with PSFC client groups, workers must understand group dynamics and the special problems inherent in group interaction of PSFC clients. They also need leadership skills to facilitate constructive activity within the client groups. Historically, few DHR caseworkers have had the necessary knowledge and skills in group services because DHR has not offered group work training in the past, and few opportunities have been available outside the agency. In addition, protective services work involves high stress, which can hamper effective service delivery.

In fiscal year 1983, the Group Services for Child Protective Clients Project was established in DHR's Region 9 to develop effective group services skills among regional PSFC staff. The project was designed to train staff members to provide group services proficiently and was implemented in October 1982 in both urban and rural areas, using project-trained staff and community volunteers.

The project was continued in fiscal year 1984 to allow workers to further develop their group work skills and to create an organizational structure to ensure continued training of staff and provision of supervised group services to clients after the project's termination date, August 31, 1984. The project has four major components: (1) group services training, (2) support groups for staff, (3) group services to clients, and (4) continuation of project activities after the end of federal funding. Specific objectives were developed for each of these components.

PURPOSES OF THE EVALUATION

The evaluation of the project involved both process and outcome methodologies to determine the extent to which the project was successful in meeting its objectives. Outcome measures focused on the training component (the extent to which training was successful in

making PSFC employees proficient in group services techniques) and the impact of the group experience on PSFC staff and clients. Process evaluation procedures addressed whether planned activities were carried out.

EVALUATION QUESTIONS

The goal of the project was to improve the effectiveness of services provided to clients by making group services available to those who would benefit from them. Four questions were addressed in the project evaluation.

1. Was the project successful in helping PSFC workers move toward proficiency in providing group services?

2. Did the project continue to provide group services to PSFC clients?

3. Did the group experience have a positive impact on PSFC workers and clients?

4. Was a structure established to ensure the continuation of project efforts?

METHODOLOGY

DESIGN

Worker Proficiency. PSFC workers' proficiency in providing group services (Evaluation Question 1) was addressed through use of a one-group pretest-posttest design. Proficiency standards based on the training curriculum had been developed by the project staff during the project's first year, and proficiency tests were used to determine the level attained by PSFC workers and the amount of improvement across time. These tests assessed trainees' knowledge of group theory and group leadership skills before and after receiving project training (see Appendix A for copies of instruments). Trainees were administered the knowledge test, and project staff observed and rated trainees' group leadership skills. (They did not rate the skills of trainees that they supervised directly. Instead the project director rated the skills of trainees whose groups were supervised by the group

services coordinator, and the group services coordinator rated the skills of trainees whose groups were supervised by the project director.)

Impact on Workers and Clients. The impact of the group experience on clients (Evaluation Question 3) was addressed through a pretest-posttest comparison group design. The treatment group was composed of all clients who participated in client groups during the project's second year. The comparison group was composed of a statewide sample of all other PSFC clients for whom client outcome monitoring (COM) data were available by August 1984.

The COM system, implemented statewide during the fall of 1983, was developed to measure the impact of DHR protective services on clients. The system was used to measure and compare the impact of DHR services on the treatment and comparison groups. It addresses types of abuse and neglect in children's current living situations and parenting skills of parents or guardians. Caseworkers rated PSFC clients in the comparison group on types of abuse and neglect in their living situations at intake (pretest) and during a six month follow-up (posttest).

Caseworkers rated their clients in the treatment group according to their status on several dimensions at the beginning and end of the group experience. The dimensions involved include types of abuse and neglect in clients' current living situations (discussed previously above) as well as self-esteem, social interaction skills, and problem solving skills (see Appendix A for copy of instrument). Caseworkers also completed open-ended questions about changes they hoped would occur in clients' behavior as a result of the group experience (pretest) and actual changes that had occurred by the end of the group experience (posttest). The clients' group leaders completed the open-ended questions as well, and the degree of association between the opinions of the clients' caseworkers and group leaders was measured.

The project included several groups for abusive or neglectful mothers. Impact of the group experience on abusive or neglectful mothers was addressed through a one-group pretest-posttest design and measured through the use of two instruments based on the PSFC COM system. The two instruments assessed (1) types of abuse and neglect in their children's living situations (discussed previously) and (2) parenting dimensions such as "provides necessities, administers discipline, expresses emotions, has realistic expectations, manages crises, and makes decisions" (see Appendix A for copies of instruments). The clients' caseworkers rated the abusive or neglectful mothers on these dimensions at the beginning and again at the end of the group experience and completed open-ended questions about hoped-for and actual changes in the mothers' behavior.

Impact of the group experience on the PSFC staff was addressed through use of a one-group posttest design. At the end of the project year PSFC staff members who participated in project activities this year were administered a questionnaire that addressed the appropriateness of group work as a function of DHR caseworkers, skills and knowledge gained through project activities, impact of the project on completion of other job responsibilities, quality of work, job morale, job-related stress level, and work in other group situations (see Appendix [illegible] for copy of instrument).

Project Continuation. Components of project continuation (Evaluation Question 4) and the provision of group services to PSFC clients during the project's second year (Evaluation Question 2) were addressed through a process evaluation. The process evaluation determined whether activities were carried out within the established time frames. Major problems with installation, problem resolution, and consequent effects were noted.

DATA SOURCES

Scores on the group services knowledge test and group leadership rating scale assessed the outcome of training activities. Scores on the COM questionnaires and PSFC staff questionnaire measured the impact of the project on PSFC clients and staff. The project staff was responsible for data collection.

Data sources for the process evaluation (which examined the project's continuation activities and the provision of group services to PSFC clients during the second project year) consisted of all records, memoranda, data summaries, and reports of activities prepared by project staff. These sources were made available to the evaluation staff on a regular basis by the project director.

INSTRUMENTATION

Six instruments were employed in the evaluation of the group services project. Two instruments were used to determine staff proficiency in group services; they were constructed specifically for this project and were tailored to fit the training curriculum devised by the project staff. Three instruments were employed to measure impact of the project on PSFC clients; they were modified versions of the COM system developed for statewide agency use. One instrument was used to measure impact of the project on PSFC staff; this measure was constructed specifically for this project.

Staff Proficiency. The two proficiency tests were developed during the project's first year by the project staff with psychometric consultation by the evaluation staff. The tests were modified by project and evaluation staff members for use in conjunction with the revised training curriculum for the project's second year. The first instrument, a curriculum proficiency test, addressed the extent to which new group leader trainees had acquired sufficient knowledge of group behavior, dynamics, facilitator roles, and processes. Based on past testing results, a score of 70 percent was considered evidence of proficiency in group services theory.

The second proficiency test employed rating scales to assess group leadership performance. Ten dimensions of group leadership performance were measured on four-point rating scales. The dimensions included working with the structural aspects of the group, identifying group themes, providing appropriate process commentary, and maintaining a positive working relationship with the group's coleader. Participants receiving a rating of three out of four possible points on at least 7 of the 10 scales were regarded as having developed acceptable skills in group leadership. Group leadership ratings were made periodically by the project staff during the project's second year to assess improvement over time as well as proficiency at the end of the project year.

Impact on Clients. There were three measures of the project's impact on clients participating in the client groups. The first measure assessed the degree of several types of abuse and neglect in the clients' current living situations, clients' current status on several personal dimensions, and desired and actual changes in client behavior as a result of participation in client groups. The types of abuse and neglect included in the measure were physical, sexual, and emotional abuse; exploitation; lack of supervision and medical care; and physical, emotional, and educational neglect. The personal dimensions measured included self-esteem, social interaction skills, and problem solving skills. Data on desired and actual changes in client behavior as a result of the group experience were solicited through the use of open-ended questions.

The second measure assessed parenting skills, personal dimensions, and desired and actual changes in the behavior of clients in groups for neglecting and abusing mothers. The parenting dimensions included in the measure were "provides necessities, administers discipline, expresses emotion, has realistic expectations, manages crises, and makes decisions." The measures of the three personal dimensions and desired and actual change in client behavior were the same as those in the first instrument.

The third and final assessment of project impact on clients contained the open-ended questions regarding desired and actual change in client behavior that might be attributed to the group experience.

Impact on Staff. Impact of the project on PSFC staff members participating in project activities was assessed through a questionnaire that addressed the effect of the project on caseworkers' completion of other job responsibilities, the quality of their other work, their job morale, their job-related stress levels, and their work in other group situations. The questionnaire also asked their opinion about whether group work was an appropriate function of DHR personnel and whether they would recommend group project activities to another caseworker.

RESULTS/STATUS OF OBJECTIVES

PROFICIENCY IN PROVIDING GROUP SERVICES

The first evaluation question concerned whether the project was successful in helping PSFC workers move toward proficiency in providing group services.

The group services training program consisted of four major components in which proficiency was involved: (1) a two-day overview training session for new project participants, (2) ongoing experiential groups for all group leaders, (3) ongoing consultation and group observation for leaders of supervised client groups, and (4) advanced skills workshops for group leaders.

During the project's second year, five new project participants completed the two-day overview training session. These new participants were administered the group services knowledge test before and after the training session. Analysis of the data showed that two of the five trainees met the 70 percent proficiency criterion for the test prior to training, and all five met it after training. The mean scores were 67 percent on the pretest and 88 percent on the posttest. Statistical analysis showed the degree of improvement achieved was not significant, although a trend in the expected direction did emerge ($t(4) = 1.95$, $p = .06$). The ability to detect a significant difference between pretest and posttest scores was severely hampered by the small sample size.

Six ongoing experiential groups were conducted for the 27 group leaders responsible for client groups during the project's second year. The project staff provided ongoing consultation to the 27 group leaders and observed them working with their client groups. Periodic-

ally through the project's second year, the project director and the coordinator rated the skills of client group leaders. The criterion for acceptable skills in group leadership was a rating of three out of four points on at least 7 of 10 dimensions assessed by the instrument. By the end of the project's second year, 15 out of 27 group leader trainees (56 percent) had achieved the criterion. The average score of the group leader trainees was 23.6 points (60 percent) of a possible 40 points on the group leadership rating scale. The group leadership rating scores were subjected to repeated measures analysis to determine whether the average score of the group leaders improved over time, and the results showed no significant improvement.

An advanced skills workshop was presented for the 12 group leaders who continued their project work from the first year; however, no instrument was developed to measure proficiency before and after the workshop.

Finally, the project staff arranged two specialized workshops for all project participants. A workshop on peer consultation facilitated discussion among group leaders about work experience with client groups and provided a forum for dissemination of intervention techniques with clients. For the second workshop, a nationally recognized expert residing in the community was recruited to present a workshop on issues in adolescent groups.

CONTINUATION OF GROUP SERVICES

The second evaluation question concerned whether the project continued to provide group services to PSFC clients.

Project-trained workers served as leaders for eight different client groups. Each group had five to eight clients with similar problems and met once a week for an initial 12-week contract (commitment) period. Continuation of client groups was then negotiated, and five of the eight groups met weekly through July 31, 1984. Three groups terminated their contracts at the end of June 1984. Population groups served by the client groups included:

- adolescent victims of sexual abuse,
- abusive or neglectful mothers,
- battered women involved in child protective cases,
- foster mothers involved in child protective cases,

- o sexual abuse colluders, and
- o perpetrators of sexual abuse.

IMPACT ON WORKERS AND CLIENTS

The third evaluation question concerned whether the group experience had a positive impact on PSFC workers and clients. Twenty-five project participants completed and returned a questionnaire at the end of the second project year; of these, 16 were group leader trainees and 9 were members of the experiential training group but were not currently group leaders. Responses were analyzed separately for the two groups.

Results show the majority of the respondents (69 percent of group leaders, 78 percent of the experiential group) think group project activities did not affect their ability to complete their other job responsibilities. Most respondents (81 percent of group leaders, 78 percent of the experiential group) think group work is a very appropriate function of DHR caseworkers.

Ninety-five percent of group leaders and 78 percent of the experiential group reported they have acquired new skill and knowledge from their group project activities, and the majority think the newly acquired skill and knowledge have greatly improved the quality of their work outside of group activities. Most group leaders (75 percent) and experiential group members (78 percent) think group project activities have raised their job morale. Fifty percent of the group leaders and 67 percent of the experiential group members believe group project activities have lowered their job-related stress level. The majority of the group leaders (62 percent) and 44 percent of the experiential group members think project activities have improved their work in other group situations (e.g., committee work, board meetings, unit functioning, and staff meetings). Finally, 88 percent of both the group leaders and experiential group members said they would recommend group project activities to another caseworker.

The impact of the group experience on clients was addressed through use of the PSFC COM system data. Initial and six-month follow-up ratings by caseworkers of PSFC clients in the group services project were compared to caseworker ratings of a statewide sample of all other PSFC clients for whom COM data were available for the same period of time. Analysis of the data revealed no statistically significant differences in the degree of change (positive or negative) from initial to follow-up ratings for the group services project clients as compared to the statewide sample on any of the dimensions involving

abuse and neglect in the children's living situations or any of the parenting dimensions assessed by the PSFC COM instrument (see Appendix A for copy of instrument). The lack of significant differences between the two groups may be due to the small sample size of the treatment group (N = 28) and the short length of time between initial and follow-up ratings. This schedule may have precluded sufficient time for project effects on clients to manifest themselves.

Other impact data gathered on project clients included assessments of self-esteem, social interaction skills, and problem solving skills; measures of desired and actual changes in project clients' behavior; and assessments about the benefit of the group experience for project clients. Table II-1 shows that the majority of the project clients were rated by their caseworkers as improving in self-esteem, social interaction skills, and problem solving skills during the period of time from the initial to the follow-up rating.

Table II-1
Caseworker Ratings of Change in Clients in Group Services

Category		Same	Better	Worse
Self-esteem	(N)	3	21	4
	(%)	11	75	14
Social interaction skills	(N)	8	19	1
	(%)	29	68	3
Problem solving skills	(N)	8	16	4
	(%)	29	57	14

Clients' caseworkers made statements about desired changes in clients' behavior before the group experience, actual changes in behavior following the group experience, and the overall benefit of the group experience for each client. Caseworker statements about desired changes in behavior for their clients included improving self-esteem, self-confidence, assertiveness, social interaction skills, and the ability to discuss their victimization (children) or responsibility for sexual abuse (perpetrators, colluders, abusive and neglectful mothers). Follow up data from the caseworkers show that 79 percent of the clients were judged to have changed as a result of the group experience, and 61 percent of those who changed their behavior did so in areas previously identified as desirable by the caseworker.

Analysis of group leader ratings of project clients found that 84 percent of the clients were judged to have changed their behavior. Caseworker and group leader opinions about whether changes in client behavior had occurred agreed in 78 percent of the cases, and they were in agreement in 71 percent of these cases about the type of change. Finally, both caseworkers and group leaders rated the overall benefit that clients had achieved from the group experience. Caseworkers judged 86 percent of their clients as benefitting from the group experience, and group leaders judged 98 percent of project clients as benefitting from the group experience; the caseworkers and group leaders agreed in 86 percent of the cases.

CONTINUATION OF PROJECT EFFORTS

The fourth evaluation question concerned whether a structure was established to ensure the continuation of project efforts. Project staff members have worked with the regional staff to ensure that group services will become an integral part of the service delivery system in child protective services in Region 9 during the next year, with good results. First, each PSFC unit will have a group services specialist assigned to it who will meet the needs of clients within that unit. Group coleaders will be selected by the group services director and will work with the group services specialist in each unit. Group services specialists (caseworkers) will receive a 30 percent reduction in case load to offset the demands of group services work.

This position will rotate within each unit on a six-month basis to allow as many staff members as possible to gain experience as group services specialists. The volunteer coleader will receive a 10 percent reduction in case load during the group contract period in an effort to accommodate the additional responsibilities of this position.

Ongoing training will continue to be provided quarterly by the group services project staff. Training will consist of the basic skills workshop for new staff experiential training groups and advanced workshops for staff members with prior training. The project staff will continue to recruit training resources within the community.

Group services will continue to have a case aide to assist in the provision of transportation for group services clients and other functions as assigned. The project staff will be responsible for a maximum of seven concurrent experiential training groups and supervision of 10 concurrent client groups during any one contract period. Finally, project staff members are completing a group services manual

for distribution throughout the state that will address specific theoretical and practical considerations involved in the implementation of the group services model in a protective services setting.

SUMMARY

In summary, the project was moderately successful in achieving its objectives. All new group services trainees met the criterion for group services knowledge; however, only 56 percent of the group leaders met the criterion for acceptable skills in group leadership. Eight client groups were run concurrently during the project's second year, and staff members who responded to the project questionnaire thought the project had had a positive impact on them. Clients did not differ significantly from the statewide sample of PSFC clients in terms of the COM data available, although clients' caseworkers and their group leaders were in agreement that the clients had benefited from the group experience. Finally, plans have been made to ensure project continuation at the end of the current grant year.

LIMITATIONS

Since the project is based on the existing staff's and clients' needs and the existing situational factors in Region 9, project effects are generalizable only to areas with similar characteristics and trainee and client needs. Thus, the findings of the evaluation can be applied to other regions in Texas or to other states only to the extent that these areas are similar in characteristics to Region 9. Also, there was no comparison group for project trainees; the training results are vulnerable to alternative explanations of the data. Finally, the small sample size and project schedule may have precluded sufficient time for project effects on clients to manifest themselves.

APPENDIX A

Instruments

GROUP SERVICES FOR CHILD PROTECTIVE CLIENTS PROJECT

Group Leader Questionnaire

Instructions: State office staff members are conducting an evaluation of the Group Services for Child Protective Clients Project. Please take a few minutes to answer the following questions about the experience of clients in your group. Please check the box in the left column which corresponds to the best description of the client's current status. The information you provide will be kept in strict confidence. Only group averages will be reported. Thank you very much for your cooperation in the evaluation of this project.

1. Do you think that _____'s behavior has
client name
changed as a result of the group experience?

☐ Yes
☐ No

Please elaborate-- if yes, how? If no, why not?

_____

_____

2. Do you think that the person named above has benefited from the group experience?

☐ Yes
☐ No

GROUP SERVICES FOR CHILD PROTECTIVE CLIENTS PROJECT

Questionnaire

Instructions: State office staff members are conducting an evaluation of the Group Services for Child Protective Clients Project. Please take a few minutes to answer the following questions about your experience with this project. Please check one box for each question. The information you provide will be kept in strict confidence. Only group averages will be reported. Thank you very much for your cooperation in the evaluation of this project.

1. What kinds of group project activities have you participated in?

   ☐ Support group only

   ☐ Support group and other group project activities

2. How has your involvement with group project activities affected the rest of your job responsibilities?

   ☐ Group project activities cause me to get behind on my other work.

   ☐ Group project activities do not affect my other tasks.

   ☐ Group project activities cause me to complete my other work ahead of schedule.

3. In your opinion, is group work an appropriate function of DHR caseworkers?

   ☐ No, it is very inappropriate.

   ☐ No, it is somewhat inappropriate.

   ☐ Yes, it is somewhat appropriate.

   ☐ Yes, it is very appropriate.

4. Have you acquired new skill and knowledge from your group project activities?

- ☐ Yes
- ☐ No (IF NO, SKIP TO QUESTION 6)

5. If yes, what effect have the new skills and knowledge had on the quality of your work outside of group activities?

- ☐ Greatly improved the quality of my.
- ☐ Slightly improved the quality of my work.
- ☐ No effect.
- ☐ Slightly lowered the quality of my work.
- ☐ Greatly lowered the quality of my work.

6. What effect have group project activities had on your job morale?

- ☐ Greatly lowered it.
- ☐ Slightly lowered it.
- ☐ No effect.
- ☐ Slightly raised it.
- ☐ Greatly raised it.

7. How have group project activities affected your job-related stress level?

- ☐ Greatly lowered it.
- ☐ Slightly lowered it.
- ☐ No effect.
- ☐ Slightly raised it.
- ☐ Greatly raised it.

8. How have your group project activities affected your work in other group situations (e.g. committee work, board meetings, unit functioning, and staffing)?

- ☐ Greatly improved it.
- ☐ Slightly improved it.
- ☐ No effect.
- ☐ Slightly lowered it.
- ☐ Greatly lowered it.

9. Would you recommend group project activities to another caseworker?

- ☐ Yes, enthusiastically.
- ☐ Yes, with some reservations.
- ☐ No, probably not.
- ☐ No, definitely not.

Client Name_____
Date_____
Group Leaders_____
_____
Client Group_____

GROUP SERVICES FOR CHILD PROTECTIVE CLIENTS PROJECT

Client Outcome Assessment

Instructions: Please rate your client _____
client name

according to his/her status at the beginning/end of the group experience on the dimensions listed. This information will be used by state office evaluation staff in the evaluation of the Group Services for Child Protective Clients Project. All information will be held in strict confidence. Thank you very much for your cooperation.

TYPES OF ABUSE/NEGLECT-Please rate the degree of each type of abuse or neglect for the client in his or her current living situation. Please read the following definitions of types of abuse and neglect and **circle the number** in the left column which corresponds to the best description of the client's current situation regarding each type of abuse and neglect.

1 2 3 4 5 1. **Physical Abuse:** Non-accidental infliction or threat of infliction of physical injury such as burns, fractures, bruises, welts, cuts, abrasions, sprains, or poisoning by a person responsible for the child's health or welfare.

1-No Problem/Not Present: No physical abuse.

2-Minimal: Risk of physical abuse but no current harm or threat. Example: Excessive discipline without bruising or injuries and without a history consistent with a pattern of abusive parenting.

3-Moderate: Localized injuries that may require medical attention to reduce complications, improve healing, or reduce pain but do not require hospitalization (injuries do not threaten life or result in permanent functional impairment or serious disfigurement, even in the absence of medical attention).

4-Serious: Injuries that require prompt medical attention or hospitalization to reduce risks of complications, improve healing, or substantially reduce pain (injuries do not immediately endanger life but may cause functional impairment or serious disfigurement if untreated).

5-Severe: Injuries that require prompt medical attention and hospitalization (injuries that endanger life, or cause permanent functional impairment or death, or result in serious disfigurement).

1 2 3 4 5 2. **Sexual Abuse**: Non-accidental, sexually-oriented act or practice that threatens or harms the child's physical, emotional,or social development, or threat of sexual abuse, by a person responsible for the child's health or welfare. Examples include: fondling, sexual intercourse, sexual stimulation, sodomy, incestious family relationships, rape, prostitution, or using the child in sexually explicit films or pictures.

1-No Problem/Not Present: No sexual abuse.

2-Minimal: No current sexual abuse, but risk of abuse because of exposure to sexually oriented or provocative comments with no solicitation to perform sexual activities.

3-Moderate: Exposure of genitals, overt masturbation, or any sexually-oriented act in front of the child; encouragement or pressure to perform sexually but no sexual contact between the abuser and child.

4-Serious: Exposure to touching, fondling of genitals or breasts but no intercourse; or any other sexually-oriented act.

5-Severe: Exposure to oral, anal, or genital intercourse or any other sex act involving physical contact between genitals of abuser and child.

1 2 3 4 5 3. **Exploitation**: Exploitation or threat of exploitation, such as involving the child in illegal or immoral activities by or for the benefit of another person, or forcing the child to do work that interferes with the child's health or education by a person responsible for the child's health or welfare.

1-No Problem/Not Present: No exploitation.

2-Minimal: Risk of exploitation but no current exploitation. Example: household work or day care of sibling that could interfere with school attendance or play but has not resulted in excessive school absences or inadequate social life.

3-Moderate: Forced involvement or work inappropriate to the child's age or capabilities, resulting in excessive school absence or exposure to physical hazards or emotional degradation. Example: Work involving exposure to harsh weather or physical hazards.

4-Serious: Forced involvement or work inappropriate to the child's age or capabilities, causing physical or emotional injury. Example: Forced work in physically hazardous conditions or in violation of child labor laws.

5-Severe: Forced involvement or work inappropriate to the child's age or capabilities, causing irreversible physical or emotional harm to the child, or forced involvement in criminal activities including prostitution and engaging in the production of pornography.

1 2 3 4 5 4. **Emotional Abuse**: Non-accidental infliction or threat of infliction of emotional or mental damage by a person responsible for the child's health or welfare.

1-No Problem/Not Present: No emotional abuse.

2-Minimal: Lack of acceptance or affection, but no rejection or hostility. Example: Physical contact restricted to functional activities such as dressing and feeding.

3-Moderate: Infrequent but observable rejection or hostility. Examples: Indiscriminate positive and negative behaviors displayed toward a child; persistent favoritism for another child in the family.

4-Serious: Frequent emotional rejection or hostility. Examples: Extreme limits set on type, time, and length of physical contact with child; persistent disapproval or belittlement of child.

5-Severe: Continual and intense infliction of emotional rejection, hostility, blame, accusation or guilt-producing behavior. Examples: Punishment of child's requests for affection, scapegoating, lack of any physical contact with a child.

1 2 3 4 5 5. **Lack of Supervision:** Non-accidental lack of supervision, protection, and monitoring of a child's behavior; or threat of lack of supervision by a person responsible for the child's health or welfare.

1-No Problem/Not Present: No lack of supervision.

2-Minimal: Risk of lack of supervision but no current inadequate supervision. Example: Caretaker inadequately monitoring a preschool-age child playing in an unfenced yard.

3-Moderate: Lack of supervision that causes hazards. Examples Young school-age child left alone for extended periods of time, preschool-age child left alone for short periods of time or with caretaker only minimally able to care for child.

4 Serious: Lack of supervision that causes serious hazards. Examples: Preschool-age child left alone for extended periods of time, child of any age left alone in the presence of hazards from which the child cannot protect himself.

5-Severe: Lack of supervision that causes severe hazards or injury. Examples: Child left alone in the presence of hazards that threaten physical or emotional health or development.

1 2 3 4 5 6. **Lack of Medical Care:** Non-accidental inattention to the medical requirements for life, growth, and development; or threat of lack of medical care; by a person responsible for the child's health or welfare.

1-No Problem/Not Present: Appropriate medical care.

2-Minimal: Risk of medical neglect because of inattention to routine preventive health care such as immunizations or periodic dental, eye, or medical exams; or inadequate use of normal home remedies.

3-Moderate: Untreated, non-life-threatening illness, injury, or disability. Example: No medical treatment for an illness, injury ,or disability that would benefit from treatment.

4-Serious: Untreated, serious illness, injury or disability. Example: No medical treatment for serious physical or developmental disabilities, although they may not be curable.

5-Severe: Untreated, life-threatening illness or injury. Example: No medical treatment for a life-threatening illness, injury, or other condition likely to result in permanent impairment or a serious threat to public health.

1 2 3 4 5 7. **Physical Neglect**: Non-accidental deprivation of the physical requirements for life, growth,and development; or threat of physical neglect by a person responsible for the child's health or welfare.

1-No Problem/Not Present: No physical neglect.

2-Minimal: Physical needs inconsistently met or chronically less than adequate in quality, causing risk of physical neglect. Examples: Meals minimally nutritious or provided irregularly; housing contains minimal health or safety conditions; less than adequate clothing causes minimal health risks but interferes with functioning at school or with peers; physical cleanliness is less than adequately supervised.

3-Moderate: Physical needs unmet or chronically inadequate in quality, causing health hazards. Examples: Inadequate nutritional diet results in moderate weight loss or illness; housing contains moderate health and safety hazards; insufficient quality of clothing to protect from moderate illness because of exposure to the elements; inadequate physical cleanliness causes moderate physical or dental health problems.

4-Serious: Physical needs unmet or impair normal growth and development. Examples: Inadequate nutrition or lack of physical cleanliness causes serious health problems such as chronic skin conditions leading to disfigurement, loss of permanent teeth, or functional disability; housing contains serious hazards to health and safety; inadequate clothing causes exposure to the elements resulting in serious health problems.

5-Severe: Physical needs unmet and endangering life. Examples: Starvation or unprotected exposure to extreme weather conditions such as freezing temperatures.

1 2 3 4 5 8. **Emotional Neglect**: Non-accidental deprivation of emotional requirements for life, growth, and development, including the need for affection, approval, and basic acceptance; or threat of emotional neglect; by a person responsible for the child's health or welfare.

1-No Problem/Not Present: No emotional neglect.

2-Minimal: Risk of emotional neglect because of lack of understanding or acknowledgement of emotional needs. Example: Affection and acceptance displayed in unusual or inappropriate ways or inappropriate expectations about normal emotional development.

3-Moderate: Lack of response to emotional needs that prevents normal psychological or emotional development. Examples: Infrequent display of affection; inconsistent limit-setting; minimal effort to correct behavior; discouragement or punishment of normal emotional expression.

4-Serious: Lack of response to emotional needs causing serious psychological or emotional harm. Examples: No display of affection, no limits set on behavior, no discipline, considerable deprivation of attention.

5-Severe: Lack of response to emotional needs causing severe psychological or emotional harm. Example: Complete deprivation of attention.

1 2 3 4 5 9. **Educational Neglect**: Non-accidental deprivation of essential educational experiences required for growth and development by a person responsible for the child's health or welfare.

1-No Problem/Not Present: No educational neglect.

2-Minimal: Risk of educational neglect because of inadequate school resources (supplies, lunch, transportation) or parental supervision to ensure school attendance, but functioning in school is minimally adequate.

3-Moderate: Lack of provision of school resources or supervision to ensure attendance causing inadequate school functioning, and the school has made all efforts within its sphere of responsibility to ensure attendance and adequate functioning.

4-Serious: Lack of adequate parental supervision or provision of supplies to ensure attendance causing school to consider the child truant, and the school has made all efforts within its sphere of responsibility to ensure attendance and adequate functioning.

5-Severe: Lack of school enrollment or frequent truancy because of parental neglect, and the school has made all efforts within its sphere of responsibility to obtain school enrollment.

1 2 3 4 5 10. **Overall Effect**: Rate the overall effect of the abuse and neglect on each child. Consider the effect of the severity, duration, and reversibility of impairment on the child's everyday functioning. Use the following criteria.(Note: if the child has died, rate the effect of abuse or neglect on the child before he died.)

1-No Problem/Not Present: Child shows no observable effects of abuse and neglect.

2-Minimal: Child was upset by abuse and neglect for a short period of time without a change in daily functioning.

3-Moderate: Child suffered from abuse and neglect some emotional, physical and/or psychological hurt that affected daily functioning for a short period of time.

4-Serious: Child suffered from abuse and neglect significant emotional, physical, and/or psychological damage that interfered with daily functioning but should be reversible over time.

5-Severe: Child suffered from abuse and neglect some irreversible emotional, physical and/or psychological damage that continues to interfere with everyday functioning, probably for the rest of his life.

PERSONAL DIMENSIONS - Please rate the client on the personal dimensions listed below. Circle the number on the scale which best describes the client on each dimension.

1 2 3 4 5 11. **Self-Esteem**: A personal opinion of oneself.

A rating of "1" on this dimension indicates the client expresses positive feelings of self-worth; the person is comfortable with and accepting of him- or herself. A rating of "5" indicates the client expresses consistently negative feelings of self-worth; the person is punitive toward and unaccepting of him or herself.

1 2 3 4 5 12. **Social Interaction Skills**: The ability to engage in friendly, sociable relationships with other people.

A rating of "1" on this dimension indicates the client maintains a supportive social network, initiates social interaction, and appropriately balances give and take with others. A rating of "5" on this dimension indicates the client remains isolated from other people, rejects opportunities for social contact, and is unable to initiate or maintain social relationships.

1 2 3 4 5 13. **Problem Solving Skills**: The ability to define problems and make appropriate decisions.

A rating of "1" on this dimension indicates the client is consistently able to define problems, identify andexplore alternatives, and reach approprate resolution. A rating of "5" on this dimension indicates the client is immobilized by problems, is unable to utilize assistance form others, and consistently reaches counter-productive resolution to problems.

IF YOU ARE RATING THE CLIENT AT THE END OF THE GROUP EXPERIENCE, PLEASE SKIP TO QUESTION 15.

EFFECT OF GROUP EXPERIENCE

14. What changes do you hope will occur in your client's behavior as a result of the group experience?

_____

IF YOU ARE RATING THE CLIENT AT THE BEGINNING OF THE GROUP EXPERIENCE, PLEASE STOP HERE.

1 2 15. Do you think your client's behavior has changed as a result of the group experience?

1-Yes
2-No

Please elaborate--if yes, how? And if no, why not?

_____

_____

1 2 16. Do you think your client has benefited from the group experience?

1-Yes
2-No

Client Name _____
Date _____
Group Leaders _____
_____
Client Group _____

GROUP SERVICES FOR CHILD PROTECTIVE CLIENTS PROJECT

Client Outcome Assessment

Instructions: Please rate your client _____
client name

according to his/her status at the beginning/end of the group experience on the dimensions listed. This information will be used by state office evaluation staff in the evaluation of the Group Services for Child Protective Clients Project. All information will be held in strict confidence. Thank you very much for your cooperation.

PARENTING DIMENSIONS- Please rate the parenting skills of the client. Please do not include other adults in the household in this rating. If the client treats each child differently, rate the client's parenting skills with the most seriously abused or neglected child. Please use the following scale to rate the parenting dimensions:

1 - No Problem
2 - Minimal Problem
3 - Moderate Problem
4 - Serious Problem
5 - Severe Problem

Please circle the number on the scale in the left column that best represents the client's skills on each of the following parenting dimensions:

1 2 3 4 5 1. **Provides Necessities**: Please rate how well the client feeds, clothes, and shelters the child. Consider quality and consistency in rating the client's provision of basic necessities.

A rating of "1" on this dimension indicates the client generally provides adequate food, clothes, and shelter for the child. A rating of "5" indicates the client inadequately feeds, clothes, and shelters the child to the extent that the child suffers physical and/or emotional harm.

1 2 3 4 5 2. **Administers Discipline**: Please rate how well the client appropriately disciplines the child depending on the child's age and misbehavior.

A rating of "1" on this dimension indicates the client ordinarily uses discipline appropriate to the child's age and misbehavior and usually punishes the child with an acceptable, appropriate method. A rating of "5" indicates the client frequently uses discipline that is inconsistent or inappropriate to the child's age and misbehavior or constitutes cruel or unusual punishment that physically or emotionally damages the child.

1 2 3 4 5 3. **Expresses Emotions**: Please rate how well the client expresses feelings in ways that are beneficial to the child. Beneficial expression of emotions includes expressing negative feelings in ways that do not physically or emotionally harm the child.

A rating of "1" on this dimension indicates the client appropriately expresses positive and negative feelings toward the child. A rating of "5" indicates the client does not express positive feelings toward the child or expresses negative feelings that emotionally damage the child.

1 2 3 4 5 4. **Has Realistic Expectations** : Please rate how well the client demonstrates his understanding of child development by expecting the child to perform at a level consistent with the child's capabilities.

A rating of "1" on this dimension indicates the client's expectations of the child are generally appropriate to the child's age, developmental level, developmental needs, and capabilities. A rating of "5" indicates the client's expectations of the child are totally inappropriate to the child's age, development level, and developmental needs and capabilities, and as a result the child's development is impaired, resulting in physical and/or emotional damage.

1 2 3 4 5 5. **Manages Crisis/Stress**: Please rate how well the client makes appropriate efforts to care for the child's physical and emotional needs when the client is in crisis or under stress.

A rating of "1" on this dimension indicates the client in crisis or under stress cares for the child's physical and emotional needs and the efforts are generally appropriate to the situation. A rating of "5" indicates the client in crisis or under stress does not attempt to care for the child's physical and emotional needs and as a result the child suffers physical or emotional harm.

1 2 3 4 5 6. **Makes Decisions/Initiates Actions**: Please rate how well the client makes appropriate decisions and initiates appropriate action concerning the care of the child.

A rating of "1" on this dimension indicates the client usually makes appropriate decisions and initiates appropriate action concerning the care of the child. A rating of "5" indicates the client does not make decisions and does not initiate action concerning the care of the child, and as a result the child is physically or emotionally harmed.

PERSONAL DIMENSIONS - Please rate the client on the personal dimensions listed below. Circle the number on the scale which best describes the client on each dimension.

1 2 3 4 5 7. **Self-Esteem**: A personal opinion of oneself.

A rating of "1" on this dimension indicates the client expresses positive feelings of self-worth; the person is comfortable with and accepting of him- or herself. A rating of "5" indicates the client expresses consistently negative feelings of self-worth; the person is punitive toward and unaccepting of him or herself.

1 2 3 4 5 8. **Social Interaction Skills**: The ability to engage in friendly, sociable relationships with other people.

A rating of "1" on this dimension indicates the client maintains a supportive social network, initiates social interaction, and appropriately balances give and take with others. A rating of "5" on this dimension indicates the client remains isolated from other people, rejects opportunities for social contact, and is unable to initiate or maintain social relationships.

1 2 3 4 5 9. **PROBLEM SOLVING SKILLS**: The ability to define problems and make appropriate decisions.

A rating of "1" on this dimension indicates the client is consistently able to define problems, identify and explore alternatives, and reach appropriate resolution. A rating of "5" on this dimension indicates the client is immobilized by problems, is unable to utilize assistance from others, and consistently reaches counter-productive resolution to problems.

IF YOU ARE RATING THE CLIENT AT THE END OF THE GROUP EXPERIENCE, PLEASE SKIP TO QUESTION 11.

EFFECT OF GROUP EXPERIENCE

10. What changes do you hope will occur in your client's behavior as a result of the group experience?

_____

IF YOU ARE RATING THE CLIENT AT THE BEGINNING OF THE GROUP EXPERIENCE, PLEASE STOP HERE.

1 2 11. Do you think your client's behavior has changed as a result of the group experience?

1-Yes
2-No

Please elaborate--if yes, how? And if no, why not?

_____

_____

1 2 12. Do you think your client has benefited from the group experience?

1-Yes
2-No

GROUP LEADERSHIP RATING SCALE

1. CREATED AN ATMOSPHERE CONDUCIVE TO GROWTH AND CHANGES — 4 3 2 1 (1)

   4 - Maintains a consistently accepting, nonjudgemental stance, provides empathic responses through gestures or reflective statement when appropriate, and reduces counterproductive anxiety.

   3 - Generally adheres to above behavior though at times may be inconsistent or make minor timing errors.

   2 - Unable to maintain an accepting, nonjudgemental stance with certain members, makes few empathic responses, fails to address anxiety, and/or makes major timing errors.

   1 - Is often rejecting, judgemental, and/or inappropriately anxiety provoking.

2. PROVIDED POSITIVE NONVERBAL MESSAGES — 4 3 2 1 (2)

   4 - Maintains positive affective manner and conveys interest and concern through body positioning and movement, eye contact, facial expression, tone of voice, inflections, spacing, and timing.

   3 - Maintains positive affective manner and conveys interest and concern through most of the above.

   2 - Fails to maintain positive manner and/or displays lack of interest and concern.

   1 - Maintains negative affective manner and displays lack of interest and concern.

3. ATTENDS TO STRUCTURAL ASPECTS OF GROUP — 4 3 2 1 (3)

   4 - Adheres to specified time frames, elicits and follows ground rules, maintain consistent limit setting, and appropriate role boundaries, provide summary at close of session, prepares members for inclusion or loss of members, and prepares group for termination.

   3 - Generally adheres to above guidelines though at times may be inconsistent.

   2 - Has difficulty following above guidelines though at times may attempt.

   1 - Does not attend to structural aspects of the group.

4. MAINTAINS A GROUP FOCUS 4 3 2 1 (4)

4 - Directs interventions to the group, reflects questions back to the group, encourages member to member interactions.

3 - Attempts to direct the group to itself though may get caught in unproductive member to leader interactions.

2 - Most interventions are one-on-one though may occasionally reflect to group.

1 - Maintains an unproductive individual focus.

5. IDENTIFIES GROUP THEMES 4 3 2 1 (5)

4 - Synthesizes individual content into group themes, verbalizes common concerns and issues in service of group goals, relates themes over time.

3 - Identifies group themes but does not always bring them to closure.

2 - Focuses primarily on individual content though may occasionally identify group themes.

1 - Focuses on individual content. Does not synthesize material between members.

6. EXPLORES CONTENT LEVELS 4 3 2 1 (6)

4 - Moves from out to in, abstract to specific, generic to personal, there and then to here and now and back as appropriate.

3 - Attempts above focusing though misses opportunities to move beyond manifest content.

2 - Focuses primarily on manifest content though may occasionally try refocusing to latent or symbolic.

1 - Focuses entirely on manifest content.

7. PROVIDES APPROPRIATE PROCESS COMMENTARY 4 3 2 1 (7)

4 - Consistently reflects on verbal and nonverbal processes in accordance with stage of group development. Utilizes feedback well in determining direction and depth of interventions.

3 - Reflects on verbal and nonverbal processes though may make minor timing errors.

2 - Makes inaccurate, insufficient, or poorly timed process comments.

1 - Focuses primarily on content.

8. ADDRESSES GROUP DEFENSES CONSTRUCTIVELY 4 3 2 1 (3)

4 - Discourages subgrouping and scapegoating. Helps group confront absences and tardiness. Approaches other forms of resistance in accordance with stage of group development and utilizes feedback to assess need for defense maintenance.

3 - Attempts above, but is inconsistent in exploration and confrontation of defenses and/or makes minor timing errors. If colludes, self corrects.

2 - Colludes in minor defenses and/or makes serious timing error.

1 - Does not attempt to confront defenses and/or becomes involved in major defensive collusion.

9. MAINTAINS A POSITIVE WORKING RELATIONSHIP WITH CO-LEADER 4 3 2 1 (9)

4 - Compliments co-leader in terms of timing, activity and support. Models constructive interaction and effective conflict resolution.

3 - Interventions are consistent but without overt signs of collaboration.

2 - Interventions are often incongruent with no evidence of attempted collaboration.

1 - Interventions are characterized by conflict and/or competition.

10. MONITORS COUNTERTRANSFERENCE REACTIONS 4 3 2 1 (10)

4 - Maintains a positive, objective stance. Shows equal regard for the concern and feelings of all members. Personal needs are not reflected in group.

3 - Attempts to maintain a positive stance with all members though may at times show evidence of favoritism and/or negative feelings toward certain individuals, or gives evidence of personal needs, however is able to self-correct independently or with help of a co-leader.

2 - Maintains a positive, objective stance with most members though is usually caught in positive and/or negative transference struggles with certain individuals and/or gives evidence of personal need.

1 - Is unable to maintain an objective stance. Is frequently involved in positive and/or negative countertransference struggles with many members, and/or personal needs and agendas are repeatedly demonstrated.